

**Testimony Prepared by the Hematology/Oncology Pharmacy Association, the American Association of Psychiatric Pharmacists, and the American College of Clinical Pharmacy  
Submitted for the record to the House Committee on Appropriations  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
April 9, 2025**

The Hematology/Oncology Pharmacy Association (HOPA), the American Association of Psychiatric Pharmacists, and the American College of Clinical Pharmacy appreciate the opportunity to provide this outside witness testimony to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) for the Fiscal Year 2026 Labor-HHS appropriations bill. As you begin work on FY 2026 appropriations, we request that you consider including our report language in support of an integrated payment model leveraging clinical pharmacists to enhance patient outcomes, reduce waste, and drive value.

HOPA is a non-profit professional organization for hematology/oncology pharmacy practitioners and their associates. The organization is comprised of approximately 4,000 members who share a common mission to provide the best possible cancer care. HOPA's membership includes not only hematology/oncology pharmacists, but also pharmacy interns, residents, students/trainees, technicians, researchers, and administrators that specialize in hematology/oncology practice. Members serve in clinical and academic roles at cancer centers, inpatient/outpatient hospitals, clinics, physician offices, community and specialty pharmacies, home health practices, universities, and other healthcare settings across the country.

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of over 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy. Clinical pharmacists practice in a variety of healthcare settings including medical clinics, integrated health systems, hospitals, community-based pharmacies and others. In these settings, they work collaboratively with physicians and other providers to ensure that patients receive the best care possible.

AAPP is a professional association of nearly 3,000 members who specialize in psychiatry, substance use disorders (SUD), and psychopharmacology and most are residency trained and Board certified in psychiatric pharmacy holding the BCPP credential (Board Certified Psychiatric Pharmacist). Psychiatric pharmacists work on health care teams in collaboration with the patient and other health care providers including, but not limited to, psychiatrists, other physicians, therapists, social workers, and nurses. Psychiatric pharmacists provide expert, evidence-based Comprehensive Medication Management (CMM) services for the most complex patients with mental health disorders and SUDs.

It is estimated that \$528 billion dollars a year, equivalent to 16 percent of total health care spending, is consumed due to inappropriate or otherwise ineffective medication use.<sup>1</sup> Given the central role that medications play in care and treatment of chronic conditions, combined with the continuing growth in the range, complexity and cost of medications – and greater understanding of the genetic and physiologic differences in how people respond to their medications – the nation’s health care system consistently fails to deliver on the full promise medications can offer. Clinical pharmacists are licensed pharmacists with specialized, advanced education and training who possess the clinical competencies necessary to deliver comprehensive medication management in team-based, direct patient care environments and achieve medication optimization.

We recommend that the Labor-HHS report include an integrated payment model at the Centers for Medicare and Medicaid Services (CMS) using clinical pharmacists in coordinated healthcare teams to improve patient outcomes, save payers money, and decrease the strain on the healthcare system. The payment system would be based on a recent state-wide program in Michigan called the Michigan Pharmacists Transforming Care and Quality (MPTCQ) program. The MPTCQ, which grew from a partnership between Blue Cross Blue Shield of Michigan and Michigan Medicine, is a statewide provider-payer program which integrates pharmacists within physician practices throughout the state of Michigan. According to a Michigan-based study on the outcomes of clinical pharmacist integration in a community oncology practice, embedded clinical pharmacist care improved patient outcomes, including improved rates of patient education, medication adherence, and improved dose intensity.<sup>2</sup>

The report language would require CMS to establish a demonstration project to codify the value of paying for comprehensive clinical pharmacy services provided by clinical pharmacists integrated into the patient care team. Due to unmet needs of the population, the location of the first phase of these demonstration projects and the providers participating in this evaluation program would be required to be in a medically underserved area as defined by the Health Resources and Services Administration.

The language would also require CMS to promulgate a standard collaborative practice agreement, which would define the scope of practice, rights and responsibilities for clinical pharmacists in the larger care delivery setting.

In order to support the clinical pharmacists initiative, we request that the Labor-HHS Committee include the following language in the report accompanying the FY26 Labor-HHS bill:

*Clinical Pharmacy Initiative. – The Committee recognizes the role of clinical pharmacists in a coordinated health care team to improve patient outcomes, save money, and decrease strain on the health care system. The Committee recommends that CMS establish a demonstration project to evaluate the benefits of integrating clinical pharmacists into the patient care team, while also providing coverage under the*

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<sup>1</sup> Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. The Annals of pharmacotherapy, 52(9), 829-837. <http://dx.doi.org/10.1177/1060028018765159> Retrieved from <https://escholarship.org/uc/item/3n76n4z6>

<sup>2</sup> JCO Oncol Pract 19, 2023 (suppl 11; abstr 61); <https://meetings.asco.org/abstracts-presentations/227601>

*Medicare program for clinical pharmacists who provide comprehensive clinical pharmacy services to patients. The Committee requests that CMS include an update on this demonstration project in the FY 2027 budget justification.*

Conclusion

Thank you again for the opportunity to submit testimony to the Committee as you begin your work on the FY 2026 appropriations bills. We look forward to working with you to ensure that we can improve patient care through a clinical pharmacist initiative. Thank you for your consideration of this request.